

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019807

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274

Primary Registration District No. 3062

Registrar's No. 205

FILED MAY 28 1962

1. PLACE OF DEATH

a. COUNTY Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Sedalia

Length of stay in lb
30 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis

c. CITY OR TOWN Sedalia Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1115 West Third

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
1115 West Third Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
BURL B. BESS

4. DATE OF DEATH
Month Day Year
May 16, 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
11/19/98

9. AGE (last birthday)
63

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Minister Merchant

10b. KIND OF BUSINESS OR INDUSTRY
Retail Fire Store Baptist Church

11. BIRTHPLACE (City and state or country)
Christy, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Christopher Bess

13b. MOTHER'S MAIDEN NAME
Malinda Boyd

14. NAME OF HUSBAND OR WIFE
Myra Allen Bess

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT
1115 West Third
Mrs. Myra Bess, Sedalia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive heart failure

INTERVAL BETWEEN ONSET AND DEATH
6 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis

20 years

DUE TO (c) Diabetes Mellitus

20 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetic gangrene left foot. (1 month)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1960, to 5/16/62 and last saw him alive on 5/15/62.
Death occurred at 6:25 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Alvin L. Lowe MD

22b. ADDRESS

Sedalia Mo

22c. DATE SIGNED

5/18/62

23a. BURIAL INFORMATION, REMOVAL (Specify)
Burial

23b. DATE
5/18/62

23c. NAME OF CEMETERY OR CREMATORY
Memorial Park Cemetery

23d. LOCATION (City, town, or county)
Sedalia, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Sedalia, Mo.

25. DATE RECD. BY LOCAL REG.

May 23, 1962

26. REGISTRAR'S SIGNATURE

W. Anderson, Deputy

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

P. E. Baker

Licensed Embalmer No.

2419

P. O. Address

Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.